

# **California Department of Mental Health State Quality Improvement Council (SQIC)**

**DoubleTree Hotel  
Sacramento, California**

**January 4, 2007 11:00 am – 5:00 pm  
January 5, 2007 9:00 am - Noon**

**Co-Chairs:** Penny Knapp, Michael Borunda

**DMH Staff:** Stephanie Oprendek, Maureen Price,

**Members Present:** Ann Arneill-Py Carolyn Cooper, Liz Freitas, Rachel Guerrero, Karen Hart, Fred Hawley, Jack Joiner, Steve Leoni, Rita McCabe, Mark Refowitz, Joyce Ott-Havenner, Kathy Seay, Daphne Shaw, Ed Walker, Rob Walton, Uma Zykofsky

**Members Absent:** Martie Drinan, Rollin Ives, Maria Maceira-Lessley, Sharon Saul, Marvin Southard

**Others Present:** Candace Cross-Drew, Marti Johnson, Brenda Grealish, Alice Chen, Traci Fujita, Tom Wilson

**Thursday, January 4, 2007**

## **I. Welcome, Introductions, Minutes Review**

- Co-chairs Penny Knapp and Michael Borunda welcomed State Quality Improvement Council members and guests.
- Committee members and members of the audience introduced themselves.
- The draft minutes from the October 5 – 6, 2006 meeting were reviewed. The following change was requested:
  - Page 1: Spelling of Joyce Ott-Havenner's name was corrected.
- The minutes were accepted with the change noted above.
- It was also announced that the meeting was Fred Hawley's last meeting before he retires. Rob Walton from Santa Barbara County will be the new CAL-QIC representative from the Southern Region.

## **II. Timeliness Study**

Marti Johnson of the Department of Mental Health Performance Outcomes and Quality Improvement (POQI) unit gave a presentation that reviewed the draft Timeliness of Outpatient Services report completed by the SQIC in 2004. The study used Short Doyle/Medi-Cal (SD/MC) Claims information from State Fiscal Years 2000/01 and 2001/02. The following study questions were addressed:

- The number of consumers who returned for a second service after an assessment visit and the time elapsed between assessment and second service.
- The timeliness of receipt of a medication service after an assessment visit.

Members discussed what was learned and what might be done differently if the study were repeated. Discussion points included but were not limited to:

- In the past, studies were designed using existing data source. Since the study was first conducted, data from multiple sources is available and it is possible obtain a more robust picture of what is going on.
- Rather than duplicating the same study with updated information, efforts could be put into studying the timeliness issue in a broader manner. One example might be to study why some people participate in a mental health initial assessment, but then drop out of services. The study question could explore if there is any relationship between timeliness and individuals who drop out of services.
- Ethnicity data is more descriptive now and may help detect greater variation between ethnic groups than was available when the study was first conducted.

## **III. Quality Improvement Exercise #3**

Stephanie provided a hand-out (quality improvement exercise #3) which dealt with identifying a different timeliness issue and the strategy for studying it. Council members and the audience were divided into groups and were asked to choose a hypothesis related to timeliness of mental health outpatient services. The groups were asked to:

- Identify who, what, where, when, and how the process would be measured.
- Anticipate the kinds of results they might find and what would be the measurement of “success.”
- Suggest interventions and how to implement them.

At the end of the exercise, the individual groups shared their process and findings with the entire Council.

See attached copy of Exercise #3.

Participants agreed that the exercises are helpful and they would like to have them at future meetings.

#### **IV. EQRO Presentation**

Rita McCabe provided background information on the Federal Medi-Cal Waiver requirement to have an External Quality Review Organization (EQRO). She explained that in 2003, the Centers for Medicare and Medicaid Services regulations required states which contract with Managed Care Organizations or with Prepaid Inpatient Health Plans to conduct External Quality Reviews (EQR's) of each entity. APS Healthcare was awarded the contract to provide EQRO services. EQRO services include:

- Analyses and evaluation of information with regard to quality, timeliness, and access to services
- Validation of performance improvement projects
- Validation of mental health plan performance measures
- Review of mental health plans to determine if they are compliant with federal Medicaid managed care regulations

Saumitra SenGupta and Michael Reiter from APS Healthcare provided the SQIC with additional background information on the EQRO process. They also shared some of the second year's EQRO findings including data summary tables. In response to a question regarding how data gathered through the EQRO process is used for quality improvement efforts, the presenters indicated that the EQRO provides a written report to each county with specific recommendations for improvement and then checks the next year to see if there has been a response to the suggested recommendations.

#### **Item for follow-up:**

- Given that the EQRO gathers a significant amount of information and consumer data statewide and by county, how can the SQIC use the information and data to recommend quality improvement strategies to DMH?
- Counties report that a significant amount of effort is expended for the completion of Performance Improvement Projects (PIP's). Some questions have arisen regarding the PIP process including:
  - Can the PIP's process be simplified?
  - Can the SQIC assist with the design of PIP's?
  - Can the PIP's be made more relevant to county needs?
  - Can there be more technical assistance, if needed?
  - Can the DMH suggest a small number of PIP subjects that the counties could choose from that would provide more of a State picture when completed?

The complete EQRO Report: Year Two can be found at [www.CAEQRO.com](http://www.CAEQRO.com).

## **V. Mission Statement**

The current SQIC mission statement was discussed. It was agreed that both a vision and values statement will be added to the mission statement incorporating the Six Aims and 10 Rules from the Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century (2001). (The SQIC modified these rules and aims to address mental health services). Additionally, the Mission/Vision/Values statement should also incorporate the three overarching principles that the SQIC developed to help guide its work.

### Item for follow-up:

SQIC staff will provide the Council with the draft mission/vision/values statement at a future meeting.

## **VI. Community Feedback**

Comments from community members included:

- Counties, SQIC, DMH, etc. need to work together so that we can set goals that can be accomplished.
- Counties need to have a way to share what they do.
- Would it be possible for the SQIC to design PIP studies for counties? (The concern was raised that too much time is spent on PIP design and it takes away from service delivery).
- The EQRO is not consistent when they give feedback to counties on what is a good PIP design and what is not a good PIP design. Can more consistency be built in to the process?

## **VI. Next Steps**

Council members agreed that the two-day meeting schedule works well.

The next 3 meeting dates were scheduled for:

- April 3 – 4, 2007 (Tuesday/Wednesday)
- June 28 – 29, 2007 (Thursday/Friday)
- October 4 – 5, 2007 (Thursday/Friday)

The meeting was adjourned at 4:15 p.m.

**Friday, January 5, 2007**

## **I. Eliminating Disparities in Mental Health Services**

Rachel Guerrero, Chief of the Office of Multicultural Services at DMH, provided a presentation and led discussion on eliminating disparities in mental health. She indicated that eliminating disparities must be seen as a major issue when addressing quality improvement efforts. A recent success of the DMH Office of Multicultural Services has been to obtain DMH's agreement to include the goal of "elimination of disparities" in all new policy efforts such as the Mental Health Services Act (MHSA) and Community services and Supports (CSS) Plans.

The county Cultural Competence Plans required by DMH bring focus to the issue of disparities; however, the plans do not, by themselves, improve the service delivery process. One thing that might make the cultural competence plans more useful would be to input the information into an electronic database so that changes could be tracked over time. A possible quality improvement strategy would be to have a county identify one cultural competence issue they experience, develop strategies to improve it, and then track the progress of the change using the electronic database.

While there is a lot of interest in using Evidence Based Practices (EBP), it is important to consider the population on which the EBP was developed and whether or not it is relevant for all populations.

Even though there has been lots of established documentation of barriers to access, the access numbers have not improved. We need to develop strategies to improve access and then measure the impact of those strategies.

## **II. Training Efforts on Eliminating Disparities**

Matthew Mock PhD, Director of the Center for Multicultural Development at the California Institute of Mental Health (CIMH), discussed training efforts related to eliminating disparities. The Interpreter Project is one example of the type of training CIMH is currently undertaking. Once complete, CIMH will look at the impact of the interpreter training on access issues and outcomes.

Dr. Mock discussed the importance of following the Continuous Quality Improvement process: Plan, Do, Study, Act when looking at quality improvement efforts. A future endeavor might be to use a learning collaborative model to provide training to counties on the Continuous Quality Improvement process. CIMH can be supportive in facilitating this learning/development collaborative.

It was discussed that counties must address immediate requirements (e.g., cultural competence plans) rather than having the time, energy and resources to address disparities on a continuous basis. Embedding the goal of eliminating disparities in organization-wide policies might encourage it to become "second nature" rather than an added activity. Another helpful strategy might be to encourage cross-fertilization of the Performance Improvement Projects (PIPs)

and the Cultural Competence Plans so efforts county efforts could be consolidated. Related to this, Mike Borunda accepted the challenge to work across all the divisions of Systems of Care to study current duplication of efforts that counties must respond to in order to meet State and Federal requirements. It was agreed that a good start might be for DMH to develop a matrix that lists all the county requirements and then lists the current activities that are required to meet these requirements. That way, duplication of efforts might become more identifiable.

Dr. Mock and Michael Borunda, Acting Chief of the Systems of Care Division at DMH, shared some definitions of the SMART acronym:

- Strategic
- Meaningful
- Action Oriented
- Responsive to community voices
- Target with outcomes
  
- Specific
- Measurable (it is only specific if it is measurable)
- Achievable
- Results-oriented
- Timely
  
- Simple
- Measurable
- Appropriate
- Replicable
- Timely

### **III Community Feedback**

- “It is nice that the State is looking to share the responsibility with counties to consolidate requirements. The weight of the requirements bogs county staff down from being able to focus on service delivery”.
- “Learning collaboratives should be made up of proximal counties.”
- The EQRO did not have a customer feedback survey following the second year of the contract. SQIC members mentioned that they would like to have feedback.

The meeting was adjourned at noon.